

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/10/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FAIRVIEW FAMILY CARE HOME # 1

**256 GRAVELY BRANCH ROAD
FLETCHER, NC 28732**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report by Glenn Hoppin A Biennial Follow-up Survey was conducted on June 10, 2015 starting at 12:00PM and ending at 12:30PM. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies that were observed are as follows:	{C 000}	<p>CONSTRUCTION SECTION JUL 07 2015 RECEIVED</p> <p><i>new window screens have been put up.</i></p> <p><i>Dryer vent has been fixed</i></p>	
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. The window screens and the screen doors all have damaged or missing screens. Repair or replace all damaged or missing screens. 06/10/2015-GH- At the time of the follow-up survey it was confirmed that the previously cited deficiency remain uncorrected, make the necessary repairs once completed forward documentation to our office verifying compliance. 2. The Dryer vent is disconnected from the dryer. Attach the dryer vent using the proper hardware to prevent it from becoming disconnected again. 06/10/2015-GH- At the time of the follow-up	{C 174}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0022

039M22

If continuation sheet 1 of 4

If continuation sheet 2 of 4

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{C 174}	Continued From page 3 necessary repairs once completed forward documentation to our office verifying compliance. 10. The ventilation fan in the right bathroom is not working. Have a qualified individual repair or replace the fan. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, and any other supporting documentation concerning this repair. 06/10/2015-GH- At the time of the follow-up survey it was confirmed that the previously cited deficiency remain uncorrected, make the necessary repairs once completed forward documentation to our office verifying compliance.	{C 174}	<i>has been taken care of.</i>	

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